Docket No. SF/0014.01

AF/2776

08/21/2000

08/21/2000

	DE JCOS	
0	O L TOTAL	
	ANR J.	Ž
\	PATENT & TRAC	

Please type a plus sign (+) inside this box +

PTO/SB/21 (12-97)
Approved for use through 9/30/00. OMB 0651-0031
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays valid OMB control number.

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	08/923,612 AUG 2
Filing Date	September 4, 1997
First Named Inventor	Suresh
Group Art Unit	2776
Examiner Name	Channavajjala, S.
Attorney Docket Number	SF/0014.01

ENCLOSURES (check all that apply)					
x Fee Transm	nittal Form	Assignment Papers After Allowance Communication to Group	on		
Fee Attached		Drawing(s) Appeal Communication to Bos of Appeals and Interferences	ard		
Amendment / Response		Licensing-related Papers X Appeal Communication to Gro (Appeal Notice, Brief, Reply Brief)	oup		
Afte	er Final	Petition Routing Slip (PTO/SB/69) and Accompanying Petition Proprietary Information			
Affic	davits/declaration(s)	To Convert a Status Letter			
X Extension of Time Request		Power of Attorney, Revocation Change of Correspondence Address Additional Enclosure(s) (please identify below):			
Express Abandonment Request		Terminal Disclaimer Small Entity Statement			
Information Disclosure Statement					
Certified Copy of Priority Document(s)		Remarks			
Response to Missing Parts/ Incomplete Application					
Response to Missing Parts under 37 CFR 1.52 or 1.53					
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT					
Firm or Individual name Attorney of record					
Signature	M.S.	man!			
Date	August 21, 300	00			
CERTIFICATE OF MAILING					

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be send to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an

envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:

-

Typed or printed name

Signature

PTO/SB/17 (12/99)

Approved for use through 09/30/2000. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. JC 0

for FY 2000

Patent fees are subject to annual revision. mall Entity payments <u>must</u> be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12. See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL	AMOUNT	OF PAYMEN
-------	--------	-----------

Co	omplete if Known
Application Number	08/923,612
Filing Date	September 4, 1997 CEVEL
First Named Inventor	Suresh
Examiner Name	Channavajjala, s. AUG 25 2000
Group / Art Unit	2776
Attorney Docket No.	SF/0014.01 GROUP 279

Date

08/21/2000

METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)	The 1- 12-7-7		
1. X The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to: 3. ADDITIONAL FEES Large Entity Small Entity Fee				
Deposit Account 500554	Code (\$) Code (\$)	<u>і</u> а —		
Number	105 130 205 65 Surcharge - late filling fee or oath	4		
Deposit Account Starfish Software, Inc.	127 50 227 25 Surcharge - late provisional filing fee or cover sheet.	-		
Name	139 130 139 130 Non-English specification	_		
Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17	147 2,520 147 2,520 For filing a request for reexamination	\dashv		
2. Payment Enclosed:	112 920* 112 920* Requesting publication of SIR prior to Examiner action			
Check Money Other	113 1,840* 113 1,840* Requesting publication of SIR after Examiner action			
FEE CALCULATION	115 110 215 55 Extension for reply within first month	_		
1. BASIC FILING FEE	116 380 216 190 Extension for reply within second month	_		
Large Entity Small Entity	117 870 217 435 Extension for reply within third month	4		
Fee Fee Fee Fee Description Code (\$) Code (\$) Fee Paid				
101 690 201 345 Utility filing fee	128 1,850 228 925 Extension for reply within fifth month	\dashv		
106 310 206 155 Design filing fee	119 300 219 150 Notice of Appeal	\overline{d}		
107 480 207 240 Plant filing fee	Decreed for each bearing	\dashv		
108 690 208 345 Reissue filing fee	Potition to institute a public use proceeding	\dashv		
114 150 214 75 Provisional filing fee	Potition to revive upayoidable	\dashv		
SUBTOTAL (1) (\$)	140 110 240 55 Feliation to revive - uninvoluable	\dashv		
2. EXTRA CLAIM FEES	142 1,210 242 605 Utility issue fee (or reissue)	\dashv		
Fee from Extra Claims below Fee Paid	140 400 040 045 Design issue fee	┥.		
Total Claims = X =	144 580 244 290 Plant issue fee	\dashv		
Independent = X =X	122 130 122 130 Petitions to the Commissioner	\dashv		
Multiple Dependent =	123 50 123 50 Petitions related to provisional applications	\dashv		
**or number previously paid, if greater; For Reissues, see below	ow 126 240 126 240 Submission of Information Disclosure Stmt	\dashv		
Large Entity Small Entity Fee Fee Fee Fee Fee Description Code (\$) Code (\$)	581 40 581 40 Recording each patent assignment per property (times number of properties)	\dashv		
103 18 203 9 Claims in excess of 20	146 690 246 345 Filing a submission after final rejection	\dashv		
102 78 202 39 Independent claims in excess of 3		_		
104 260 204 130 Multiple dependent claim, if not paid				
109 78 209 39 ** Reissue independent claims over original patent	Other fee (specify)			
110 18 210 9 ** Reissue claims in excess of 20 and over original patent	Other fee (specify)			
SUBTOTAL (2) (\$)	Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 300.00			
SUBMITTED BY Complete (if applicable)				
Name (Print/Type) John A. Smart Registration No. 34,929 Telephone (408) 395-8819				

Signature WARNING:

> Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.